

Seattle HIV/AIDS Planning Council

Minutes ☿ September 10, 2007

4:00pm - 6:30pm

(Not yet approved by Planning Council)

Safeco Jackson Street Center – 306 23rd Avenue South, 98122

Committee Members Present: *Dennis Bookhart, Heath Bouldin, Madeline Brooks, Shireesha Dhanireddy, Brandie Flood, Gerrie LaQuey, Kieu-Anh King, Higinio Martinez, Andrew Murphy, Kris Nyrop, Ron Padgett, Tony Radovich, David Richart, German Rodriguez, Erick Seelbach, Luis Viquez, Bob Wood*

Committee Members Absent: *Richard Aleshire, Robert Carroll, Charlie Curvin, Jim Elliott, Bill Hall, Craig Kelso, Jodie Pezzi, Pam Ryan*

Planning Council Staff Present: Jesse Chipps, Harnik Gulati, Natalia Ospina (minutes)

Health Department Staff Present: Sharon Bogan, Barb Gamble, Karen Hartfield, Jeff Natter

Guests: Samuel Andrews (applicant for membership), Kathleen Eling (applicant for membership), Melinda Giovengo (YouthCare, applicant for membership), Justin Hahn (Department of Health), Warren Leih (Public Health HIV/AIDS intern), Arthur Padilla (Multifaith Works, applicant for membership), Kevin Patz (applicant for membership)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

- Harnik announced that 1800 of the 2007 Care Needs Assessment surveys were mailed to the EIP mailing list and an additional 700 surveys were disseminated throughout the continuum. Harnik requested that individuals wanting extra copies contact him.
- Dennis announced that the next Council meeting would be his last. He reminded the group of the need to replace him on the EIP Steering Committee.
- Jesse reminded the group that Kurt Wuellner was one of the two Council representatives on the Parity Workgroup and noted that the position needed to be filled. David explained what parity was. Gerrie offered to be Kurt's replacement. The Parity Workgroup meeting will happen in October.

☑ *The Council agreed to have Gerrie (along with David) represent the Council on the Parity Workgroup.*

- David led a moment of silence for former Council member, Gwen Hall, who passed away recently.

II. Meeting Agenda

☑ *The agenda was approved as written by acclamation.*

III. July Meeting Minutes

☑ *The July minutes were approved as written by acclamation.*

IV. Membership Committee

- Dennis announced that Jodie was appointed as the Committee's new co-chair. He noted that the Council is in need of foreign-born Blacks, a couple of HIV+ gay white men, and HIV+ women. Furthermore, the Membership Committee is also in need of members.
- Dennis introduced Amy Bauer, an epidemiologist from Public Health wishing to fill Erin Kahle's previous position.

MOTION: Dennis moved that the Council accept Amy as a member. Erick seconded.

☑ The Council unanimously approved the motion to accept Amy Bauer as a Council member.

- Council applicants present at the meeting introduced themselves.
- Jesse announced that Karina resigned today due to changed job duties which make it impossible to attend mtgs. The Council is thus short a mental health provider.

V. Care Letter of Assurance

[Luis arrived at 4:19 p.m.]

Jeff Natter explained the letter of assurance (which has locally been referred to as the letter of concurrence). In this letter, the Council guarantees that it has bylaws which it follows, an active membership committee, an allocation and prioritization process, and that the grantee followed the Council's plan when it procured services. Jeff distributed a handout (attached to the official record) documenting what he has awarded according to the Council's allocations. He explained that he was only able to award 99.8% of the Council's allocations, for a number of reasons, which he outlined. The \$41 will be reapportioned in the upcoming reallocation. Jeff recommended that the Council sign the letter of assurance. Jesse read the letter of assurance out loud.

[Brandie arrived at 4:25 p.m.]

MOTION: Dennis moved that the Care Co-chairs sign the letter of assurance. David seconded.

☑ The motion was approved with 14 in favor and Brandie abstaining.

VI. Grantee Updates

Care:

Jeff provided the following update:

- HRSA just released the Ryan White Part A application, which is due on November 5th. The TGA did extremely well in Part A this year. Jeff requested assurance from the Planning Council to move forward with the same priorities for next year. He promised the Council that he would come to the October meeting with the year's expenditures to date and will present proposed changes in categorical funding allocations for Council approval. Jeff added that he is waiting to hear from agencies about over- or under-expenditures.
- Quality Management trainings for Ryan White funded agencies will take place on December 7th and 12th. Becca will provide an update on the training at a future Council meeting.
- The list of support services in the Ryan White application did not include housing, food and meals, and psycho-social support. HRSA has admitted that this was an oversight.
- Evergreen was contracted to do outreach for not in care HIV persons. Frustrated with the lack of success with their street outreach, they have turned in their remaining funds this year. The

funds were awarded internally to the Public Health HIV/AIDS Epidemiology Program, which has surveillance data on those not in care, and can contact reporting providers (or the last provider who ordered labs) to figure out why these individuals are not receiving care. The program focuses on those individuals who were in care at one point and then dropped out. The Epidemiology department has funding from another source to find people who know their status, but have never been in care.

Prevention:

Barb Gamble announced that the 2008 – 2009 prevention funding allocation panel met on Friday, 9/7. The panel's recommendations will be forwarded to Dr. Fleming, Director of Public Health, who will make a final decision on 9/17. If Dr. Fleming approves the panel's recommendations, award letters will be mailed to agencies. The awards will be announced after all agencies have verified receipt of their award letters.

Sharon Bogan provided an update on the Latino PSA project encouraging Latinos to get tested for HIV. There has been an 8-fold increase in Spanish speaking calls to the Public Health Hotline since the announcements were released in mid-March. The Hotline staff have been keeping track of how many Latinos heard the messages on TV vs. on the radio. The Hotline is using translators to help current staff with the phones. Sharon added that a photo novella (similar to a comic book) was recently released mirroring the images from the TV and radio announcements. These were distributed in agencies and places where Latinos tend to be in King County. Sharon is waiting for approval to extend the radio messages through the end of November. Sharon informed the group that she will present the results of the PSA at the Washington State Joint Conference in Health in Yakima this October. Sharon requested that individuals contact her if they have any questions regarding the Latino PSA.

Sharon added that she has been working on a project that focuses on issues of concurrency in gay men in King County. She did a pilot focus group last month, has since revised the questions, and is gearing up for the next focus group on September 19th. Key informant interviews in a one-on-one setting will also be conducted. She hopes to have more updates for the Council next month.

VII. Break

The following announcements were made after the break:

- Jesse announced that the November Council meeting would be on 11/5 since 11/12 is a holiday.
- Higinio informed the group that the AACT Committee will be conducting its September 17th meeting at the Madison Clinic. Several providers at the clinic will be talking to the Committee about the services available to HIV positive immigrants and the barriers they face in obtaining these services. All Council members are encouraged to attend.

VIII. Update on Prevention Funding for IDU

Barb provided an update on IDU prevention funding for 2007. She noted that about month ago she sent a letter to Council members to tell them that Public Health was cancelling its contract with Street Outreach Services as of July 31, 2007. She noted that this was because the agency was unable to meet administrative requirements—specifically missing several deadlines to submit audit reports for 2005 and 2006. Public Health had originally hoped to quickly contract with another agency for the services through a sole source contracting process. However, more than one agency expressed

interest in the contract, meaning that funds could not be awarded without a competitive process. Given the time it takes to conduct a competitive RFP process, prevention staff felt it made the most sense to award funds from the remainder of 2007 with the upcoming 2008/9 contract. Friday (September 7th) the allocation panel met to make recommendations about funding of agencies. Barb noted that typically she would not share information from that group with the Council until awards had been approved by the Director, and agencies had been informed of their awards. However, in this instance she is making an exception. She noted that some of the funds for IDU for 2008 were not awarded. At the same time, there are just over \$66,000 left from the 2007 contract. The allocation panel was very concerned about the needs of IDU who inject drugs other than opiates. They proposed that dollars be spent in the following manner:

- Remaining 2007 dollars be pooled with the unallocated funds for the upcoming cycle;
- A small amount of funding be set aside and used to do a formative assessment to determine whether there is a need, and, if so, to explore a potential service model for stimulant injectors;
- After the assessment has been conducted, the remaining funds would be re-bid.

Barb asked the Council to give her feedback on this idea.

In response to questions from Brandie and David, Barb explained that the amount needed for the assessment would be very small. She also noted that the assessment would be conducted as soon as possible (likely by staff at Public Health), and that the re-bid would wait until the assessment was complete. She noted that, because this idea only came up on Friday, she and Karen have not had the opportunity to think through the logistics and timeline. She also noted that opiate users would be addressed through other interventions—specifically needle exchange and opiate replacement therapy.

Kris, David and others expressed concern about the percentage of heterosexual non-opiate injectors in comparison to opiate injectors in King County, and about the gap in service provision to IDU at risk to date, and concerns about a further delay in re-bidding the services. Barb responded that she did not have the data regarding opiate vs. non-opiate injectors, and that was part of the need for a study. She and Karen also noted that they, too were concerned about the gap in services, and expressed a desire to get a new contract in place as soon as possible. Barb noted that the Council signed a letter of concurrence, but that the plan is now somewhat changed, based on a recommendation from the allocation panel, so they want to know if there are any objections from the Council about whether this does or doesn't change the 2006/7 plan.

Erick reminded the Council that in the prevention prioritization process, the group focused on preventing the largest number of new infections, and he was unsure about whether the altered plan would meet that objective. The group had also discussed whether there should be caveats or sub-populations within the IDU category in light of the data available in the data summary, and determined not to do this. David expressed confusion about the allocation panel telling the Council to use the money in a different way, and he questioned their right to do this. He was also unclear about his own power in questioning their actions. He and others expressed a desire to see the population served quickly, without any more delay.

Barb said that she felt the Council could very well say they didn't agree. She and Karen could tell the Director that they got one recommendation from the allocation panel, and a different recommendation from the Council. She noted that this was uncharted ground, as they have never had to cancel a contract like this, and they have never had this kind of recommendation from an allocation panel.

Jesse noted that there were two issues which could be separated:

- 1) Combining the remaining 2007 funds with the funds for 2008/9
- 2) What to do with the funds once combined.

She asked the group whether they had any objection to the first proposition about combining the funds.

➤Members of the Council gave their blessing to combine the unspent 2007 IDU funds with the unallocated 2008/9 funds, and using them together for a period between the present and 12/31/09.

The second issue was not as easily resolved, however. The group was divided between discussing the merits of the specific proposal, and being concerned that the final decision about there being a sub-population or caveat rested with the Council, and was addressed in the prioritization process. Jesse clarified with Barb that the allocation panel recommendations go to the Director for final approval, but the Council's decisions are final. Karen explained that the recommendation of the allocation panel would need to go to the Director, because it came from the allocation panel. Barb noted that, while the Council didn't limit the scope of the IDU funds, the prevention staff could do so, and still be following the Council's plan. There are many more things in the plan than can be funded, and Public Health has the ability to further limit the funding. Tony noted that he was uncomfortable with the Council's plan being changed, because of the long processes of prevention prioritization and the data considered by that group. He and others noted that the Council had specifically chosen NOT to limit the category, so that applicants could bid and the person making the strongest recommendation would be funded.

Erick, stepping back from the issue of limiting the funding spoke of the assessment piece. He wondered whether this would be in accordance with the plan, asking "Do we consider doing this formative work to be an acceptable intervention?" Barb noted that it was not an intervention, but that formative work had been done related to specific populations, including transgender and foreign born black. However, it was the Council which determined that funding would be set aside for the formative assessments in these cases. Bob asked what led the allocation panel to recommend this course, "What data did they have that we didn't have? We spent 9 meetings, they had 1." Barb said that the group did not have additional data, but it did have people with expertise in the field who were concerned about riskier behaviors among meth injectors.

Gerrie stated that the allocation panel had overstepped their authority by doing a mini prioritization, but it is not their role to do prioritization. If members of the allocation panel are concerned about planning issues, they are free to come and present their concerns to the Council. The Council created a plan, and, short of changing the plan, it should go forward as it is.

MOTION: David moved to reject the allocation panel's recommendation, and recommend instead that the combined funds be re-bid as quickly as possible in an open RFP for the IDU population according to the Council's prioritization and allocation plan. Dennis seconded.

FRIENDLY AMENDMENT: Erick moved to add that the Council's main concern is that services for this population be re-started as quickly as possible. David and Dennis accepted this amendment.

In discussion, Jesse asked why this recommendation was being forwarded to the Director to make the final decision. Barb explained that it was going to the Director because the recommendation was made by the allocation panel. David noted that, by voting in favor of this motion, the Council was clearly stating that the original plan should be followed. Erick noted that the issue was one of whether the allocation panel had stuck to their role, or whether they had stepped into the role of the Council. Brandie asked whether, if the Council voted against the allocation panel's recommendation (and in favor of the motion) whether that decision would be final, or whether Fleming would make the final decision. Karen explained that Fleming would make final decision, but he'd pay attention to the Council's recommendations.

☑ The motion was approved with 14 in favor and Kris abstaining.

IX. Public Health HIV/AIDS Program Strategic Plan

Karen presented the Public Health HIV/AIDS Program Strategic Plan (handouts were distributed and are attached to the official record). A discussion ensued afterwards. The following points were made:

- Kris noted that Objective 2.3a on page 5 could be accomplished overnight if there were a policy-level change of the rules for 1 for 1. This would reduce barriers, would not require expending additional resources, would be cheap, and would increase volume.
- Jeff asked if the strategic plan could include goals to increase the outreach of not in care folks, to increase the number of HIV positive individuals on HAART, and increase the number of case managers to keep people in care. Karen noted that these goals were removed to simplify the plan, but that they should be included somehow since others too have commented on this. Barb added that the documents distributed were specifically on prevention spending.
- Erick noted that Priority 2 listed Prevention Case Management rather than CRCS. Barb responded that she would change that.
- Erick inquired if Priority 3 (Behavioral interventions for HIV negative MSM - increase capacity with in Public Health and community testing sites) could be broadened and asked if \$50,000 was enough funding. Karen noted that while it is a small amount, she and Barb were trying to be realistic about the amount of money the department would be receiving. Regarding broadening the priority, Karen explained that the department is limited because it places most of its resources into counseling and testing whereas community agencies can do this for behavioral interventions. Erick provided an example of an intervention that is not a community testing site, and Karen then agreed that the priority should be broader.
- Kieu-Anh inquired how Barb and Karen came up with the infection reduction percentage (25%). Barb noted that they wanted to get a number that you could see a statistically significant reduction in. If number were too low, it would be difficult to measure a significant reduction. They also didn't want to mimic the proposed CDC number of reduction of infections (50%). Barb added that they want to see some ambition in preventing new cases, and to motivate others to do better.
- Jesse asked if there were a way to tease out new infections vs. incidence cases, since the goal is to reduce new cases, not reduce the number of people who are just now finding out they've had HIV for many years.
- Shireesha inquired about Objective 1.5 (trying to target more high risk rather than moderate/low risk). Karen noted that they hope routine testing will catch those people who don't see themselves as high risk. Community clinics and urgent care centers are being targeted for conducting more routine testing.

X. Other Business/Next Meeting

The meeting was adjourned.